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Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Hortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **359143** (5)  
1. Corporation Name  
**THE ORANGE SHOP, INC.**

Principal Place of Business  
**18545 U.S. HWY 301 N.  
CITRA FL 32113**

Mailing Address  
**P.O. BOX 125  
CITRA FL 32113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/04/1970</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1285008</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOSLEY, ROBBIE G. 17828 NE 18TH AVE. CITRA FL 32113		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	SIT
NAME	PERRY, CHARLES W	1.2 NAME	Robbie G. Mosley N/A
STREET ADDRESS	HIGHWAY 301	1.3 STREET ADDRESS	P.O. Box 86
CITY-ST-ZIP	CITRA FL	1.4 CITY-ST-ZIP	Citra, FL 32113
TITLE	D	2.1 TITLE	
NAME	LEMASTERS, SHELBY D	2.2 NAME	
STREET ADDRESS	5 RIDGE TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LEMASTERS, W STEVEN	3.2 NAME	
STREET ADDRESS	23 NORTHFIELD GATE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFORD NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LEMASTERS, JOHN N., III	4.2 NAME	
STREET ADDRESS	21322 HARROW CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PERRY, VIVIAN E	5.2 NAME	
STREET ADDRESS	HWY 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	LEMASTERS, JOHN N	6.2 NAME	
STREET ADDRESS	5 RIDGE TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Allen H. M...*

2-18-98

CR2E034 (10/97)